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To: Examiner: Robert Zeman United States Patent and Trademark Office  
Art Unit: 1645 Fax: 703-872-9306

Copies:

From: Kenneth J. Waite Roche Diagnostics Corporation  
Tel.: (317) 521-3104  
Fax: (317) 521-2883

Date: February 4, 2002

No. of pages: 9 (incl. cover sheet)

Re: U.S. Patent Application No. 09/284,787, filed April 20, 1999  
Entitled: MONOCLONAL ANTIBODIES AGAINST THE EPITOPE  
YPYDVDPDYA, A PROCESS FOR THEIR PRODUCTION AND THEIR  
USE  
Our Ref.: BMID9913US

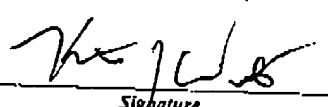
Dear Mr. Zeman:

Attached is the Second Preliminary Amendment with three-month extension in response to the Office Action of October 9, 2001. If you have any questions, please feel free to give me a call.

KW/lr

Attachments: Second Preliminary Amendment (1pg)  
New Claims (2pgs)  
Copy of Notice to Comply (1pg)  
Amendment Transmittal Letter (1pg) in duplicate  
Petition for Extension of Time (1pg) in duplicate

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<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>BMID9913US</b>	
Applicant(s): <b>Thomas EMRICH, et al.</b>					
Serial No. <b>09/284,787</b>	Filing Date <b>April 20, 1999</b>	Examiner <b>Robert Zeman</b>	Group Art Unit <b>1645</b>		
Invention: <b>MONOCLONAL ANTIBODIES AGAINST THE EPITOPE YPYDVPDYA, A PROCESS FOR THEIR PRODUCTION AND THEIR USE</b>					
<u>TO THE ASSISTANT COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8 -	20 =	0 x	\$18.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$84.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> A check in the amount of <b>\$50.00</b> to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. <b>50-0877</b> A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
<div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;">             Signature         </div> <div style="width: 40%;">           Dated: <b>2/4/02</b> </div> </div>					
<b>Kenneth J. Waite, Reg. No. 45,189</b> <b>Roche Diagnostics Corporation</b> <b>9115 Hague Road, Bldg D</b> <b>P.O. Box 50457</b> <b>Indianapolis, IN 46250-0457</b> <b>Telephone: (317) 521-3104</b> <b>Facsimile: (317) 521-2883</b>					
<div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">         I certify that this document and fee is being deposited on _____ with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.       </div> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">         Signature of Person Mailing Correspondence       </div> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;">         Typed or Printed Name of Person Mailing Correspondence       </div>					
CC:					